

**Low Income Taxpayer Clinics (LITCs)
Application Information**

Type of Grant *(Check one)* ☐ ESL ☐ Controversy or ☐ Both

Grant Period Request *(Check one)*

☐ Single Year request *(New and returning clinics)*

☐ Multi-year request *(Currently in or applying for a multi-year grant)* ☐ 1st of 3 years ☐ 2nd of 3 years ☐ 3rd of 3 years

Sponsoring Organization Information

Name

Contact Information

Name			Title		
Phone number		Fax number		E-mail address	
Street Address Street			Mailing Address Street		
City	State	ZIP + 4 code	City	State	ZIP + 4 code

Clinic Information *(This information will be included in Publication 4134, Low Income Taxpayer Clinic List.)*

Name of Clinic

Clinic Street Address Street			Clinic Mailing Address Street		
City	State	ZIP + 4 code	City	State	ZIP + 4 code
Public telephone number			Toll-Free telephone number <i>(if applicable)</i>		
Languages served in addition to English			LITC Internet <i>(Web)</i> address <i>(if applicable)</i>		

Clinic Director Information *(Clinic Director information will **not** be included in Publication 4134)*

Name		Title	
Phone number	Fax number	E-mail address	

Qualified Tax Expert (QTE) Information

Name		Title	
Phone number		E-mail address	

Grants Officer/Financial Administrator Information

Name			Title		
Phone number		Fax number		E-mail address	
Street Address Street			Mailing Address Street		
City	State	ZIP + 4 code	City	State	ZIP + 4 code